NDX NATIONAL DENTEX LABS

Speciality Rx Form

OCCLUSAL THERAPY, MIGRAINE THERAPY, ORTHODONTICS

Laboratory Procedure Authorization | Dr. Signature Required

DR. NAME

FULL ADDRESS

GROUP / PRACTICE NAME

EMAIL PHONE

PATIENT INFO FIRST NAME LAST NAME AGE ☐ FEMALE ☐ MALE

DUE DATE TODAY'S DATE

OCCLUSAL THERAPY

☐ UPPER ☐ LOWER

HARD SPLINT
- ☐ Crystal Clear® *Available in pink*

HARD / SOFT SPLINT
- ☐ Comfort H/S™ Bite Splint *Available in pink, green & blue*

THERMO-ACRYLIC SPLINT
- ☐ ThermoFit®
- ☐ Rem-e-deze
- ☐ Brux-eze®
- ☐ Brux-eze 3D

OTHER / SPECIFY BRAND

ORTHO REMOVABLE

- ☐ 3-Way
- ☐ Acrylic Spacer
- ☐ Anterior Spring Clip
- ☐ Bionator
- ☐ Circumferential Retainer
- ☐ Dual Laminate Retainer
- ☐ Hawley Retainer
- ☐ Invisible Retainer
- ☐ Modified Spring Retainer
- ☐ QCM Retainer
- ☐ Sagittal
- ☐ Schwarz
- ☐ Triplex Corrector Series
- ☐ Wick Flat-Bow
- ☐ Bleaching Tray
- ☐ Sports Guard

☐ PONTIC SHADE

ORTHO FIXED

☐ UPPER ☐ LOWER

- ☐ 3x3 Hulsink
- ☐ 3x3 Lingual Bonded
- ☐ Banded RPE
- ☐ Banded Herbst
- ☐ Bilateral ☐ 6x6 ☐ 3x3
- ☐ Bonded RPE
- ☐ Coil Spring Regainer
- ☐ Distal Jet
- ☐ Distal Shoe
- ☐ Earch/Arnold
- ☐ Thumbsucking Appliance
- ☐ Fixed Sagittal

FOR REMOVABLE ADD
- ☐ Ant. Bite Plane
- ☐ Bracket Removal
- ☐ Clark Twin Blocks
- ☐ Habit Crib
- ☐ Headgear Tubes
- ☐ Occlusal Acrylic
- ☐ Reset Teeth

FOR FIXED ADD
- ☐ Bracket Bands
- ☐ Headgear Tubes
- ☐ Ling. Horiz. Sheaths
- ☐ Wilson 3-D Attachments

- ☐ Haas
- ☐ Hilgers Pendlum
- ☐ Loop Lingual
- ☐ Lower Screw Expander
- ☐ Nance Button
- ☐ Ni-Ti Expander
- ☐ Pedo Partial
- ☐ Porter w/ Arch
- ☐ Rickonator
- ☐ Quad Helix
- ☐ Transpalatal Arch
- ☐ Unilateral

☐ **OTHER**

MIGRAINE THERAPY

☐ UPPER ☐ LOWER

- ☐ **NTI-tss Plus Nighttime** *Available in pink*
- ☐ **NTI-tss Plus Daytime** (Daytime Clenching Only)
- ☐ **NTI-tss Plus Soft** (Extends 2nd bi - 2nd bi) *Available in pink, green and blue*
- ☐ **NTI-tss Plus Night & Day Set** (NTI-tss Plus & NTI-tss Plus Daytime)
- ☐ **NTI-tss Plus Universal Therapy Set** (NTI-tss Plus & Opposing Universal Slider)
- ☐ **Relaxer** (Daytime Clenching Only)

Maximum Protrusive Measurement _____ IN MM

Extend Coverage from _____ TOOTH # **to** _____ TOOTH #

Okay to switch arches due to arch selection contraindications? ☐ Yes ☐ No, call me

Okay to extend if necessary to ensure adequate retention? ☐ Yes ☐ No, call me

SPECIAL INSTRUCTIONS

ENCLOSED WITH CASE

- ____ MODEL
- ____ SHADE TAB
- ____ BITE
- ____ IMPRESSIONS
- ____ PHOTOS
- ____ METAL TRAYS
- ____ TEETH
- ____ ARTICULATOR

OTHER

☐ CALL ME

DR. SIGNATURE

DR. LICENSE # **EXPIRES**

FOR LAB CONTACT INFO
nationaldentex.com/labs

NDX WARRANTY
nationaldentex.com/warranty

REQUEST SUPPLIES

- ____ RXS
- ____ BOXES
- ____ LABELS

OTHER

FOR LAB USE ONLY